



**MARYLAND**  
Department of Health

**Public Health Preparedness and Situational Awareness Report: #2019:19**

Reporting for the week ending 05/11/19 (MMWR Week #19)

**May 17, 2019**

**CURRENT HOMELAND SECURITY THREAT LEVELS**

**National: No Active Alerts**

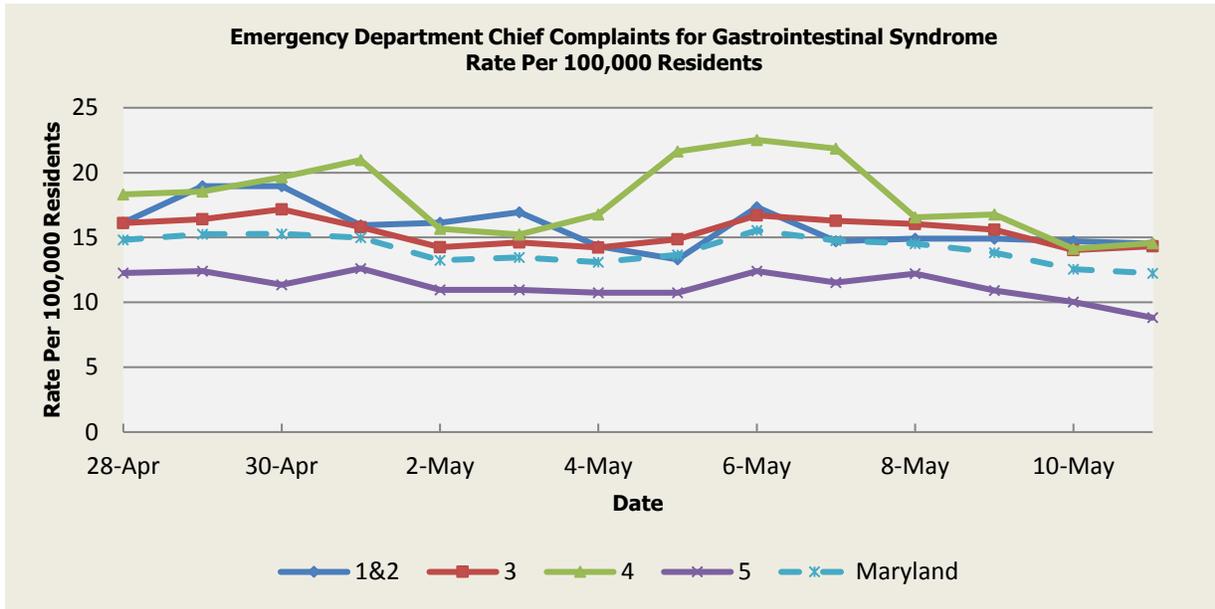
**Maryland: Normal (MEMA status)**

**SYNDROMIC SURVEILLANCE REPORTS**

**ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):** Graphical representation is provided for all syndromes (excluding the “Other” category; see Appendix 1) by Health and Medical Regions (See Appendix 2). Emergency department chief complaint data is presented as rates per 100,000 residents using data from the 2010 census. Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE). Baltimore, MD: Maryland Department of Health; 2019.

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# Gastrointestinal Syndrome



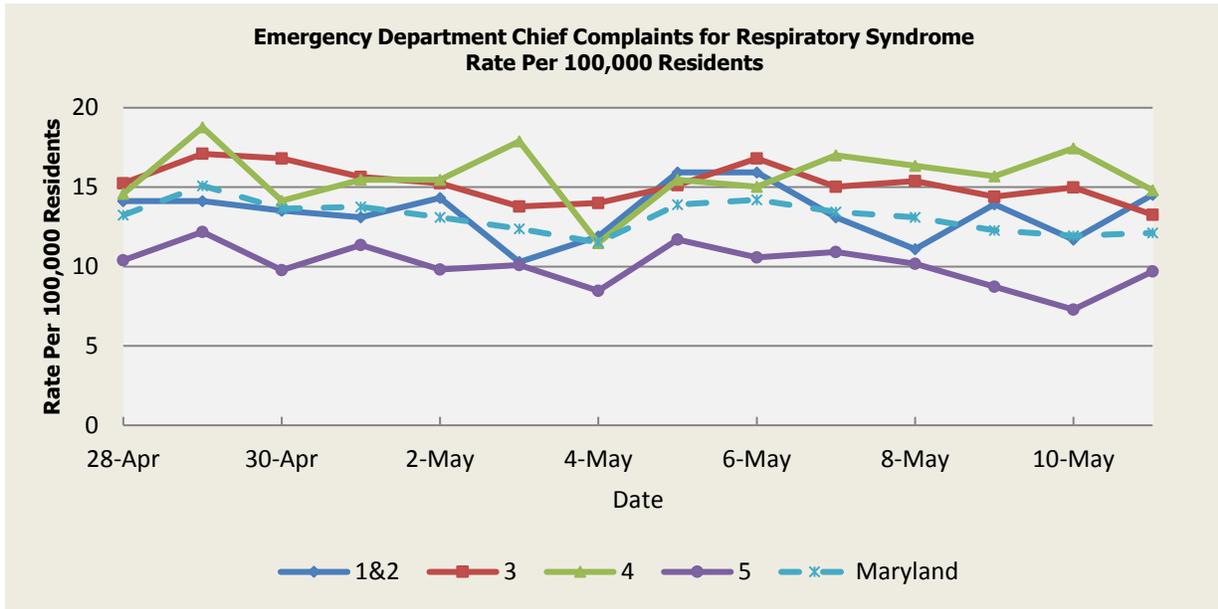
There was one (1) Gastrointestinal Syndrome outbreak reported this week: one (1) outbreak of Gastroenteritis in an Assisted Living Facility (Region 3).

Gastrointestinal Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	13.23	15.11	15.88	10.23	13.14
Median Rate*	13.11	14.87	15.46	10.13	12.98

\* Per 100,000 Residents

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# Respiratory Syndrome



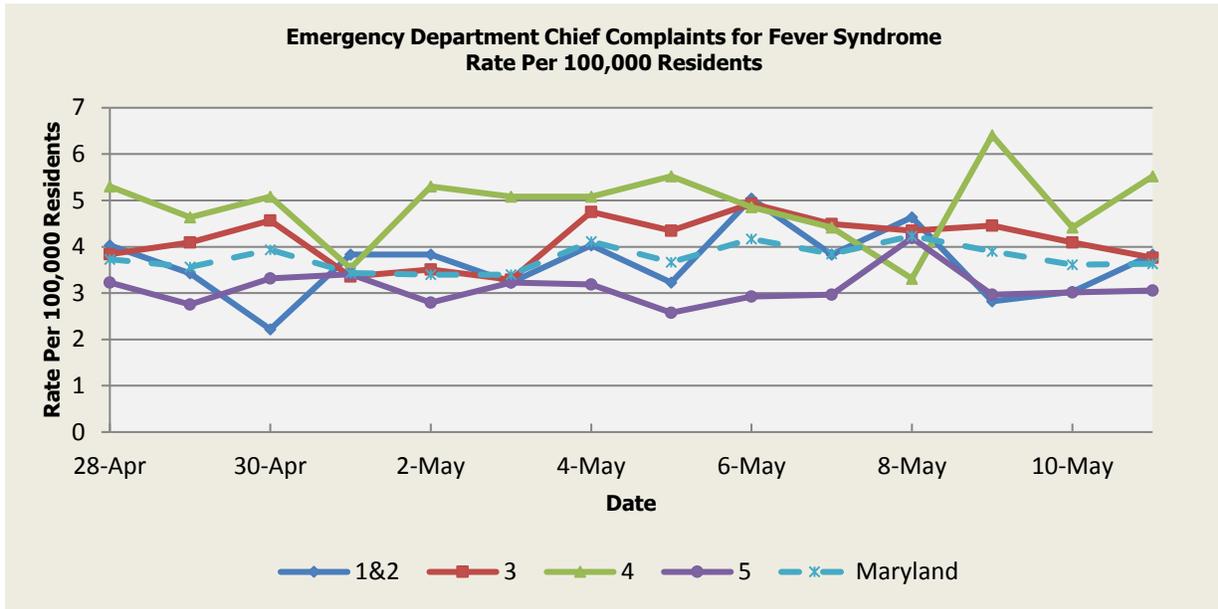
There were no Respiratory Syndrome outbreaks reported this week.

Respiratory Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	12.66	14.74	15.08	9.99	12.77
Median Rate*	12.10	14.18	14.35	9.65	12.28

\* Per 100,000 Residents

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# Fever Syndrome



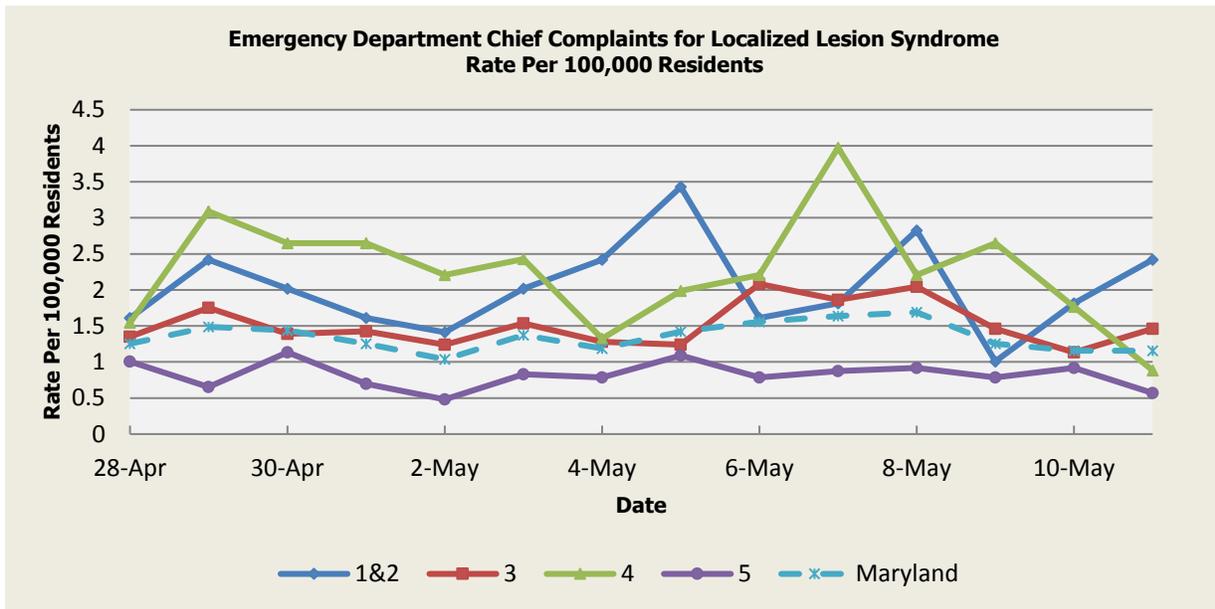
There were no Fever Syndrome outbreaks reported this week.

Fever Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.07	3.90	4.10	3.04	3.52
Median Rate*	3.02	3.76	3.97	2.92	3.40

*\*Per 100,000 Residents*

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# Localized Lesion Syndrome



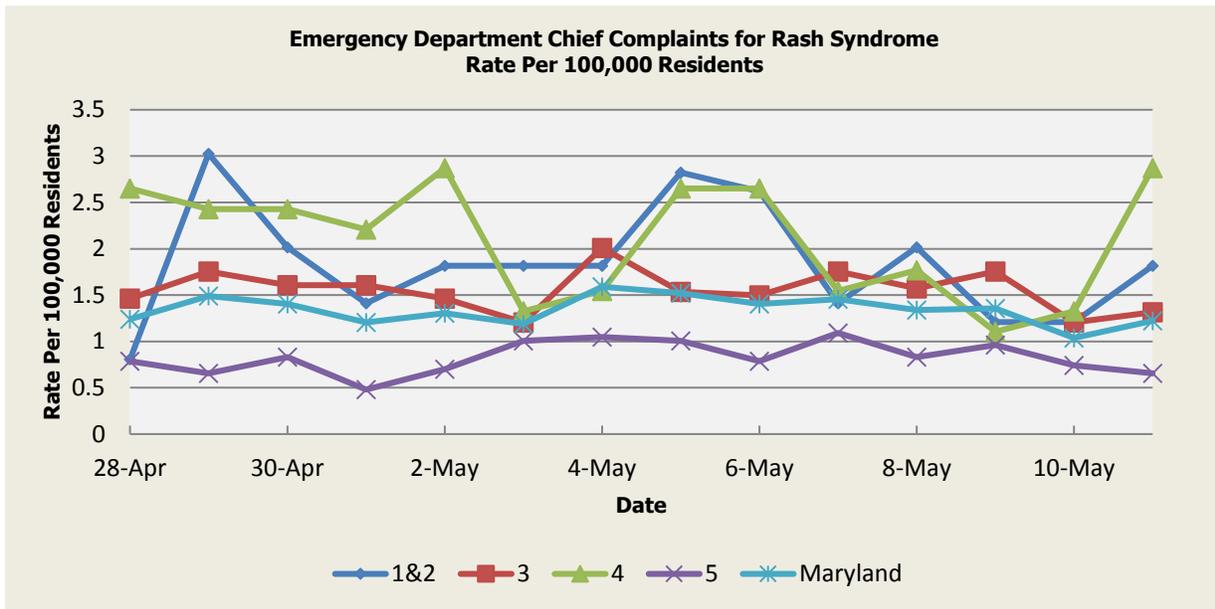
There were no Localized Lesion Syndrome outbreaks reported this week.

Localized Lesion Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.11	1.80	2.03	0.91	1.42
Median Rate*	1.01	1.72	1.99	0.87	1.36

\* Per 100,000 Residents

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# Rash Syndrome



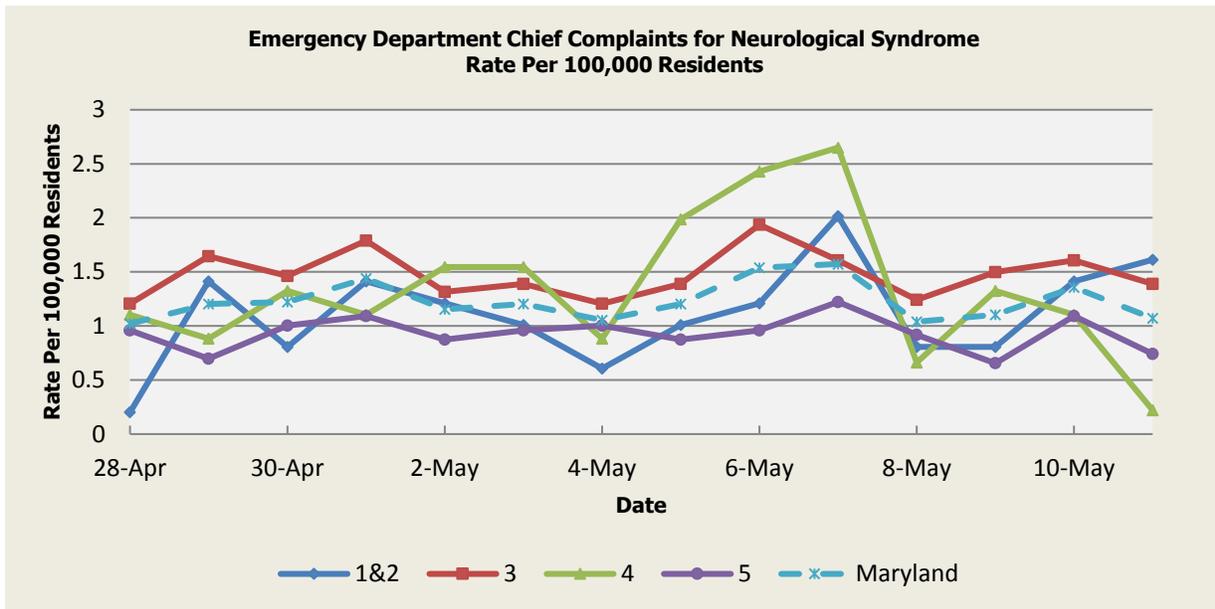
There were no Rash Syndrome outbreaks reported this week.

Rash Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.23	1.68	1.76	0.98	1.38
Median Rate*	1.21	1.61	1.77	0.92	1.32

\* Per 100,000 Residents

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# Neurological Syndrome



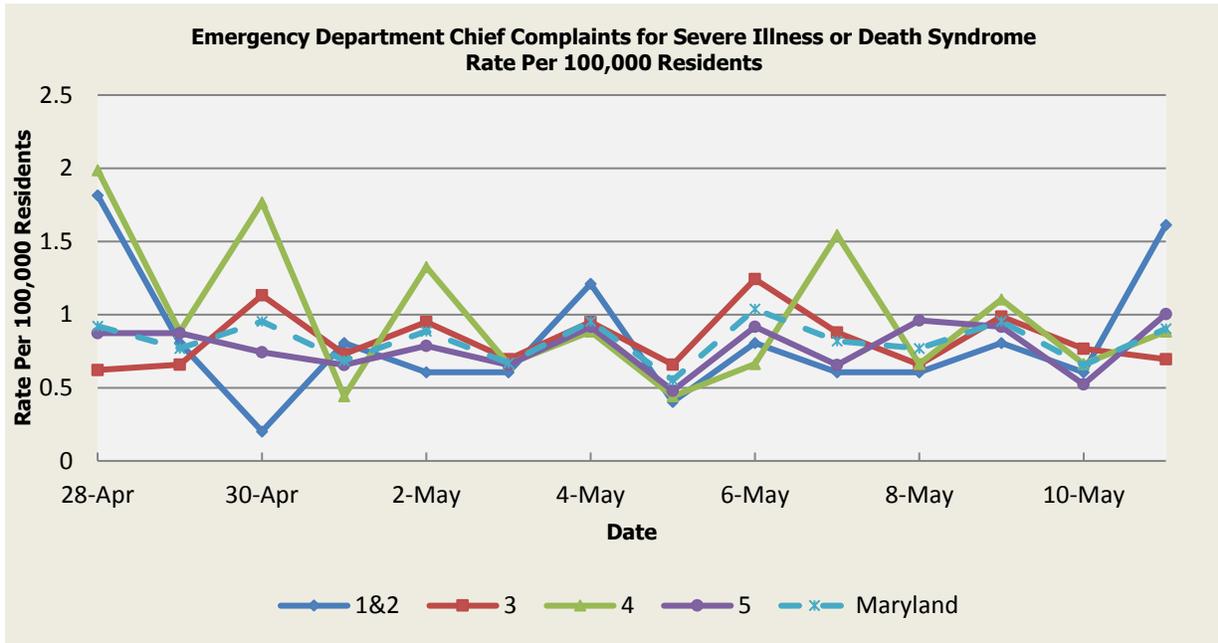
There were no Neurological Syndrome outbreaks reported this week.

Neurological Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.76	0.93	0.84	0.59	0.78
Median Rate*	0.60	0.84	0.66	0.52	0.69

\* Per 100,000 Residents

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# Severe Illness or Death Syndrome



There were no Severe Illness or Death Syndrome outbreaks reported this week.

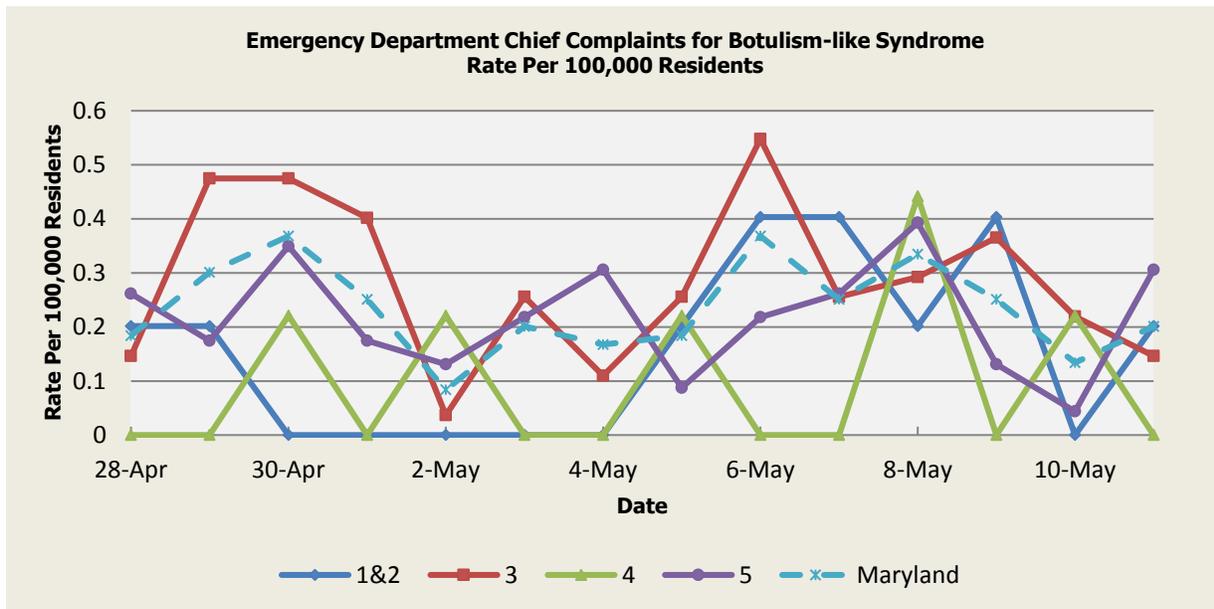
Severe Illness or Death Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.66	0.90	0.83	0.51	0.73
Median Rate*	0.60	0.86	0.66	0.48	0.69

\* Per 100,000 Residents

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## SYNDROMES RELATED TO CATEGORY A AGENTS

### Botulism-like Syndrome



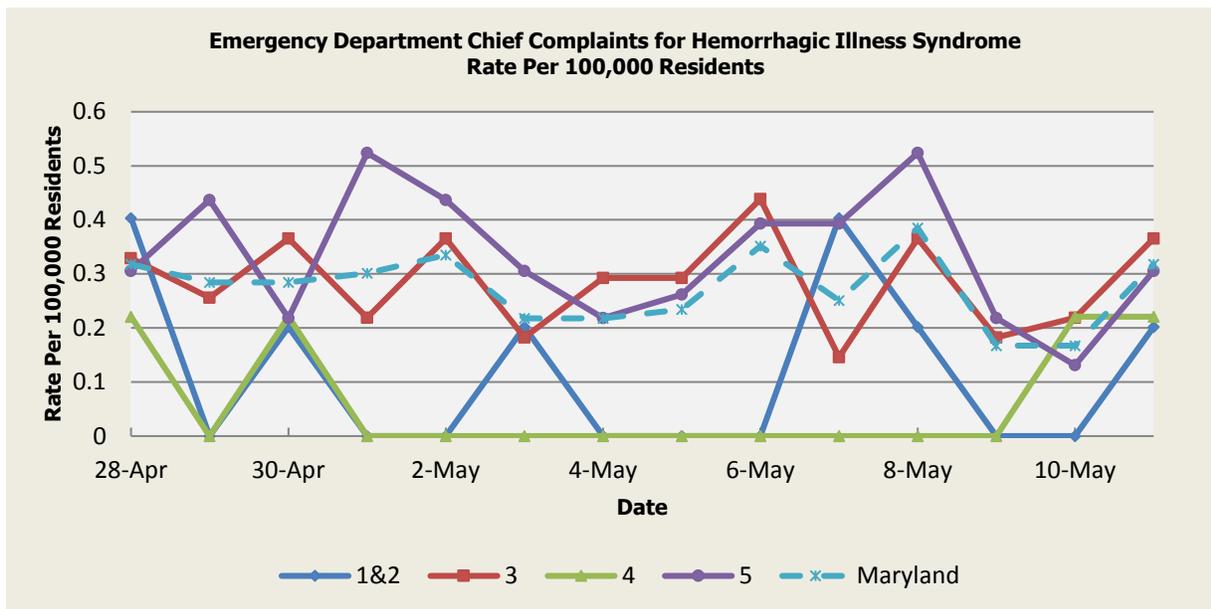
There was an appreciable increase above baseline in the rate of ED visits for Botulism-like Syndrome on 4/28 (Regions 1&2,5), 4/29 (Regions 1&2,3,5), 4/30 (Regions 3,4,5), 5/1 (Region 3), 5/2 (Region 4), 5/3 (Regions 3,5), 5/4 (Region 5), 5/5 (Regions 1&2,3,4), 5/6 (Regions 1&2,3,5), 5/7 (Regions 1&2,3,5), 5/8 (Regions 1&2,3,4,5), 5/9 (Regions 1&2,3), 5/10 (Region 4), 5/11 (Regions 1&2,5). These increases are not known to be associated with any outbreaks.

<b>Botulism-like Syndrome Baseline Data January 1, 2010 - Present</b>					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.07	0.12	0.06	0.07	0.09
Median Rate*	0.00	0.07	0.00	0.04	0.07

\* Per 100,000 Residents

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## Hemorrhagic Illness Syndrome



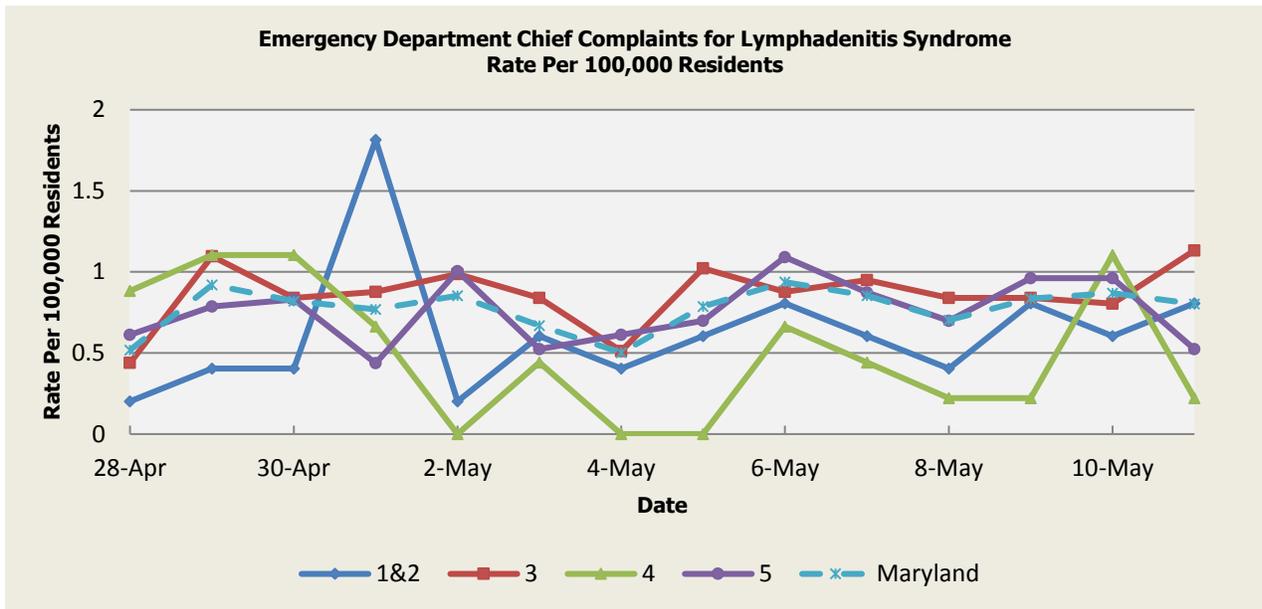
There was an appreciable increase above baseline in the rate of ED visits for Hemorrhagic Illness Syndrome on 4/28 (Regions 1&2,3,4,5), 4/29 (Region 5), 4/30 (Regions 1&2,3), 5/1 (Region 5), 5/2 (Region 5), 5/3 (Regions 1&2,5), 5/5 (Region 5), 5/6 (Regions 3,5), 5/7 (Regions 1&2,5), 5/8 (Regions 1&2,3,5), 5/10 (Region 4), 5/11 (Regions 1&2,3,4,5). These increases are not known to be associated with any outbreaks.

Hemorrhagic Illness Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.04	0.15	0.04	0.13	0.13
Median Rate*	0.00	0.07	0.00	0.09	0.07

\* Per 100,000 Residents

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# Lymphadenitis Syndrome



There was an appreciable increase above baseline in the rate of ED visits for Lymphadenitis Syndrome on 4/28 (Region 4), 4/29 (Regions 4,5), 4/30 (Regions 4,5), 5/1 (Regions 1&2), 5/2 (Region 5), 5/6 (Regions 1&2,5), 5/7 (Region 5), 5/9 (Regions 1&2,5), 5/10 (Regions 4,5), 5/11 (Regions 1&2). These increases are not known to be associated with any outbreaks.

Lymphadenitis Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.36	0.58	0.40	0.37	0.47
Median Rate*	0.20	0.47	0.44	0.31	0.42

\* Per 100,000 Residents

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## **MARYLAND REPORTABLE DISEASE SURVEILLANCE**

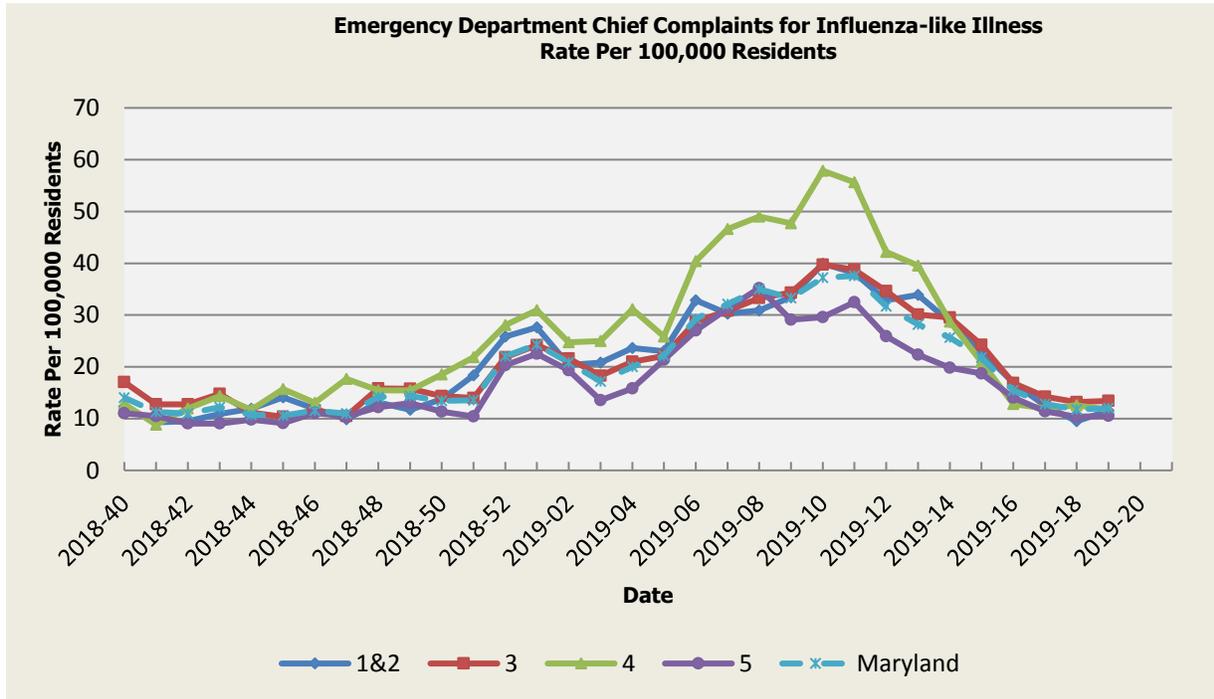
Reportable disease data from the National Electronic Disease Surveillance System (NEDSS) that feeds into ESSENCE is currently being validated. We will include these data in future reports once the validation process is complete.

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## **SYNDROMIC INFLUENZA SURVEILLANCE**

Seasonal Influenza reporting occurs from MMWR Week 40 through MMWR Week 20 (October 2018 through May 2019). Seasonal Influenza activity for Week 19 was: Minimal Intensity and Sporadic geographic activity.

### **Influenza-like Illness**

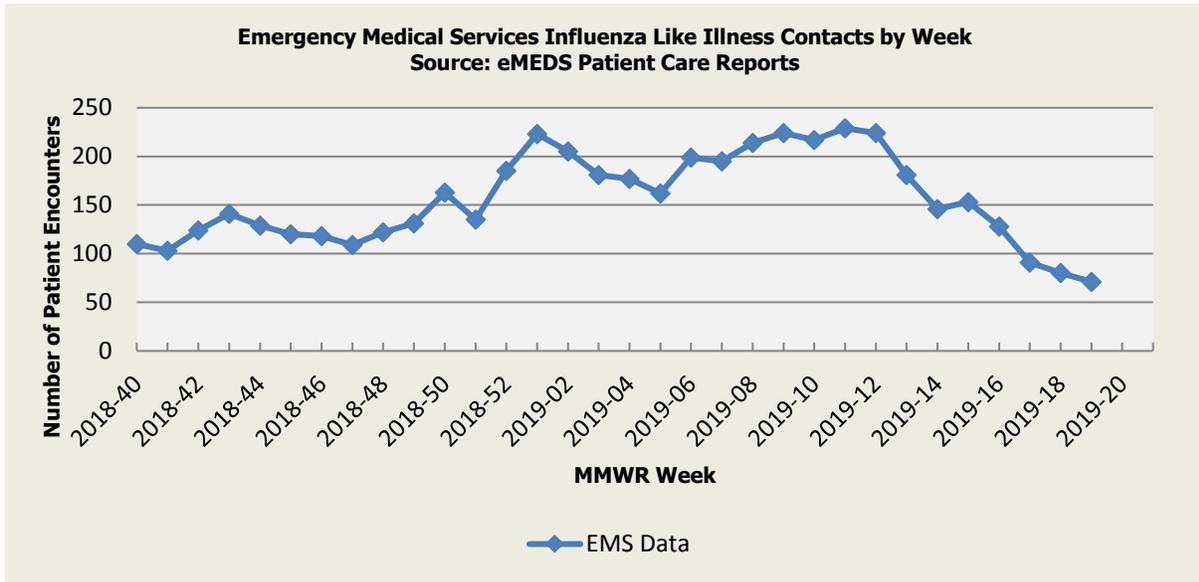


<b>Influenza-like Illness Baseline Data Week 1 2010 - Present</b>					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	10.26	13.39	12.94	11.33	12.31
Median Rate*	7.66	10.36	9.27	8.75	9.45

\* Per 100,000 Residents

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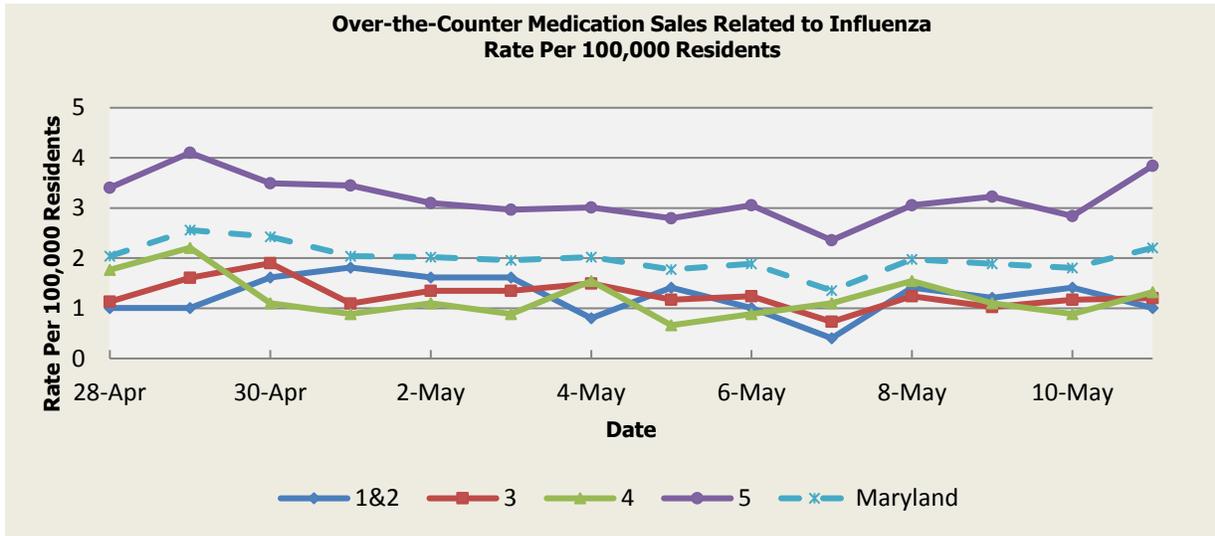
## Influenza-like Illness Contacts by Week



**Disclaimer on eMEDS flu related data:** These data are based on EMS Pre-hospital care reports where the EMS provider has selected “flu like illness” as a primary or secondary impression of a patient’s illness. This impression is solely based on the signs and symptoms seen by the provider, not on any diagnostic tests. Since these numbers do not include all primary or secondary impressions that may be seen with influenza the actual numbers may be low. These data are reported for trending purposes only.

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## Over-the-Counter Influenza-Related Medication Sales



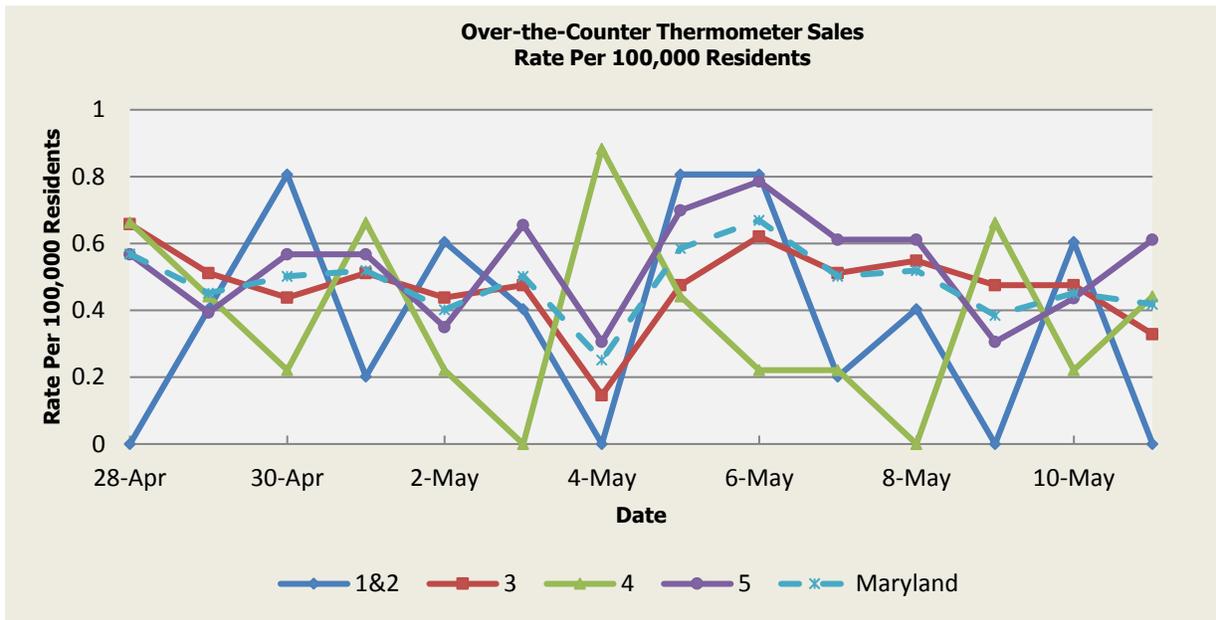
There was not an appreciable increase above baseline in the rate of OTC thermometer sales during this reporting period.

OTC Medication Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.57	4.60	2.72	8.02	5.68
Median Rate*	2.82	3.76	2.43	7.33	4.95

\* Per 100,000 Residents

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## Over-the-Counter Thermometer Sales



There was not an appreciable increase above baseline in the rate of OTC thermometer sales during this reporting period.

Thermometer Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.05	2.91	2.30	3.86	3.24
Median Rate*	2.82	2.78	2.21	3.73	3.11

\* Per 100,000 Residents

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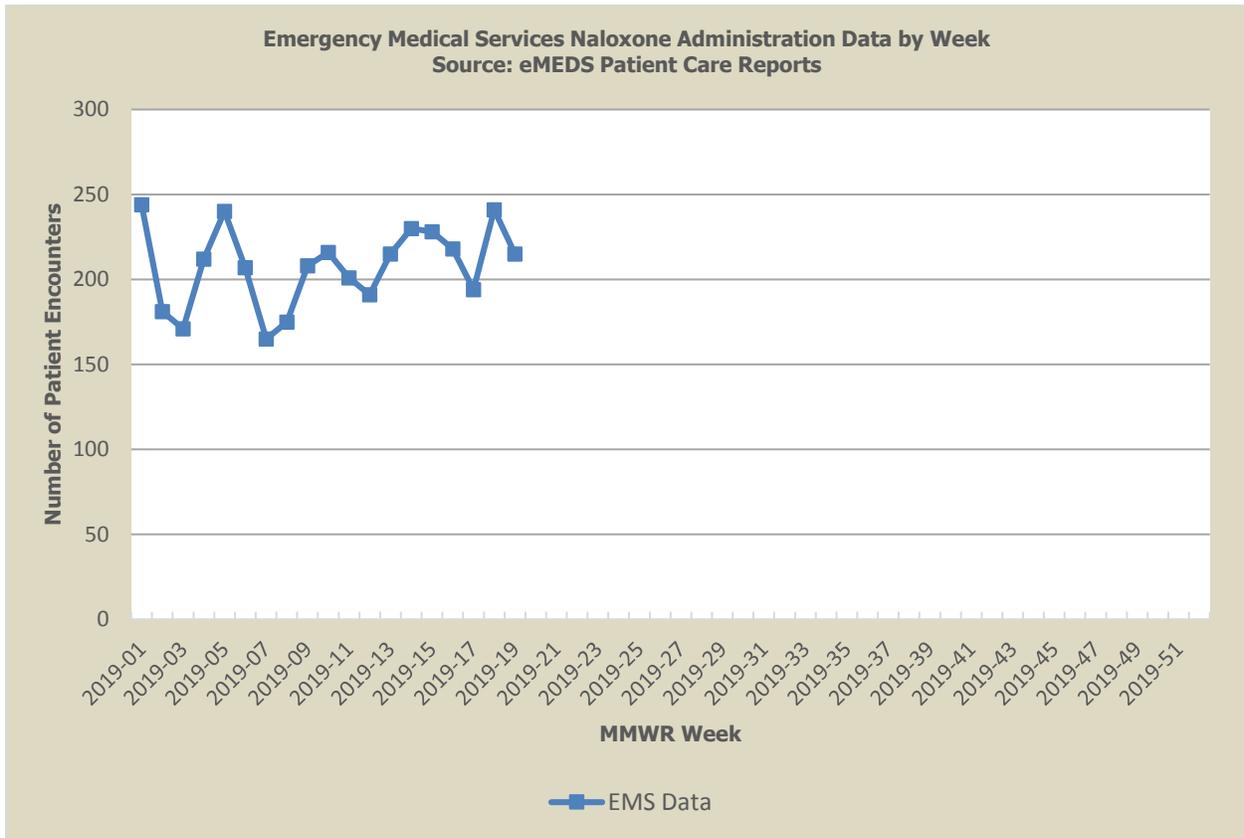
## **SYNDROMIC OVERDOSE SURVEILLANCE**

The purpose of this section is to characterize non-fatal ED visit trends for acute unintentional overdose by Heroin, Opioid or Unspecified substance among Maryland residents captured by ESSENCE data, including chief complaint and discharge diagnosis. ED visits that are identified as unintentional overdose by Heroin, Opioid or Unspecified substance include those with medical and non-medical use of a prescription Opioid or where the substance is not specified, given evidence that most fatal overdoses are Opioid-related.

In preparation for the release of new ESSENCE queries for identifying heroin, opioid and all drug overdoses, please note that we have removed the data chart showing unintentional overdose rates by heroin, opioid, or unspecified substances. These new data, when available, will be presented below.

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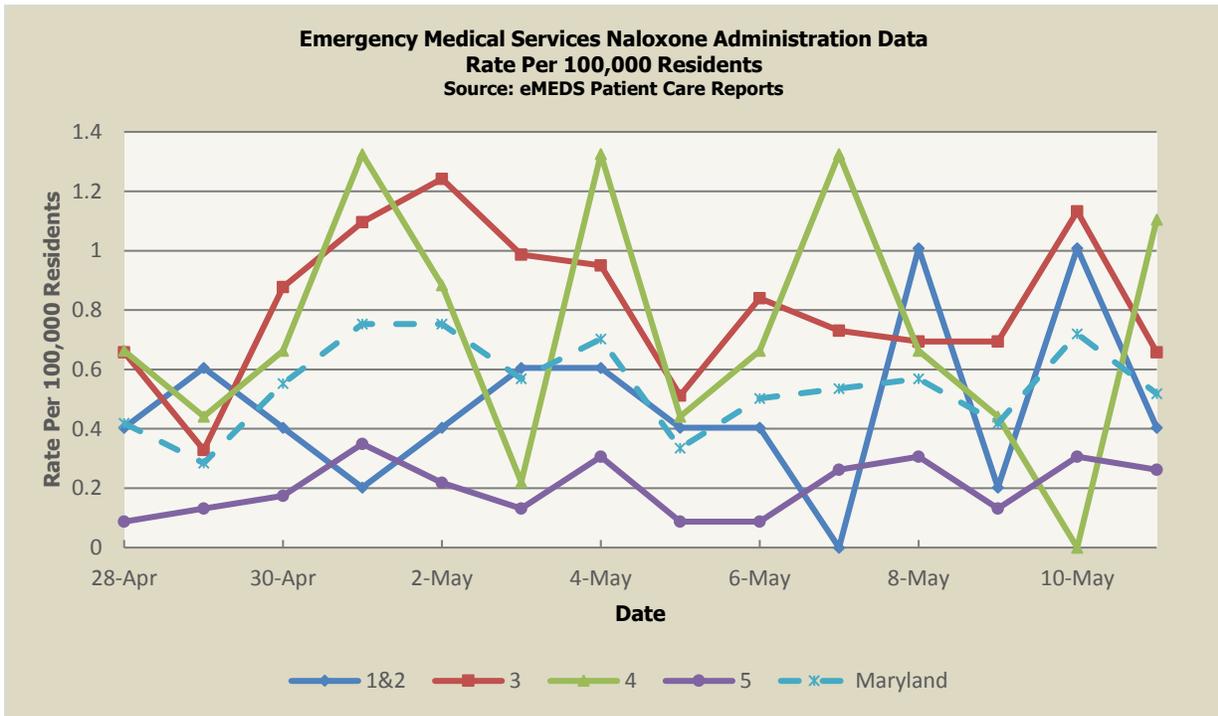
## Naloxone Administration Data by Week



**Disclaimer on eMEDS naloxone administration related data:** These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient’s signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

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# Naloxone Administration Data



**Disclaimer on eMEDS Naloxone administration related data:** These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

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## **PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS**

**WHO update:** The current WHO phase of pandemic alert for avian influenza is ALERT. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

Influenza A (H7N9) is one of a subgroup of influenza viruses that normally circulate among birds. Until recently, this virus had not been seen in people. However, human infections have now been detected. Presently, there is limited information about the scope of the disease the virus causes and about the source of exposure. The disease is of concern because most patients have been severely ill. There is no indication thus far that it can be transmitted between people, but both animal-to-human and human-to-human routes of transmission are being actively investigated.

**Alert phase:** This is the phase when influenza caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national, and global levels are characteristic of this phase. If the risk assessments indicate that the new virus is not developing into a pandemic strain, a de-escalation of activities towards those in the interpandemic phase may occur. As of May 16, 2019, the WHO-confirmed global total (2003-2019) of human cases of H5N1 avian influenza virus infection stands at 860, of which 454 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 53%.

### **AVIAN INFLUENZA**

*There were no relevant avian influenza reports this week.*

### **HUMAN AVIAN INFLUENZA**

*There were no relevant human avian influenza reports this week.*

## **NATIONAL DISEASE REPORTS**

**HEPATITIS A (MULTISTATE)**, 14 May 2019, Despite giving out more than 6900 free hepatitis A vaccines last week [week of 6 May 2019], Florida saw its biggest weekly increase in new cases of the contagious liver disease. The Florida Department of Health reported an additional 92 hepatitis A cases during the week ending 11 May 2019, bringing the total since the beginning of 2019 to 1129 people. The 92 new cases -- 4 of them in South Florida -- represent the most reported in one week since the hepatitis A outbreak started in 2018. Read More: <http://www.promedmail.org/post/6468616>

**E. COLI EHEC (MULTISTATE)**, 14 May 2019, As of 13 May 2019, 196 people infected with the outbreak strain of *E. coli* O103 have been reported from 10 states. CDC is reporting the 196 illnesses that the PulseNet laboratory network has confirmed are part of this outbreak. States

are investigating additional illnesses that might be a part of this outbreak. Read More: <http://www.promedmail.org/post/6468615>

**RICIN (MINNESOTA)**, 12 May 2019, One person has been hospitalized after an "unconfirmed report of ricin" at a Dinkytown apartment building, according to the Minneapolis Fire Department. Minneapolis Fire says crews were called to 515 14th Avenue SE Tuesday afternoon [7 May 2019] on a report of a hazardous substance. Crews are evacuating the apartment building and isolating the affected area according to Minneapolis Fire's Twitter account. The fire department says one resident was transported to the hospital. Read More: <http://www.promedmail.org/post/6466344>

**HIV (NEW MEXICO)**, 12 May 2019, Two people in New Mexico have tested positive for HIV after getting vampire facials on 2 May 2019. As per the news report, the VIP Spa in old town Albuquerque (the largest city in New Mexico) shut down last year [2018] after reports of an unidentified infection being imparted to the visitors. Now, it has been made public that 2 visitors had contracted HIV after obtaining a vampire facial. Read More: <http://www.promedmail.org/post/6466285>

**FOODBORNE ILLNESS (CALIFORNIA)**, 09 May 2019, The California Department of Public Health (CDPH) says oysters harvested from Baja California Sur, Mexico are linked to a gastrointestinal illness outbreak in California. The CDPH said 12 people between [February and April 2019] have reported getting sick after eating raw oysters from stores and restaurants in San Diego County, Los Angeles County, Orange County, and Santa Barbara County. The investigation is ongoing, but so far, laboratory testing of oysters harvested from Estero El Cardon revealed 6 different toxic pathogens, including non-O157 Shiga toxin-producing *E. coli*. Mexican authorities are also investigating. Read More: <http://www.promedmail.org/post/6462071>

## **INTERNATIONAL DISEASE REPORTS**

**CHOLERA, DIARRHEA AND DYSENTERY (MULT-COUNTRY)**, 15 May 2019, The outbreak of acute watery diarrhea (AWD) has killed 3 people in the North Gondar Tselemt area in the Amhara region of Ethiopia. The 3 people who were getting medical treatment after acquiring AWD have passed away, according to the state broadcaster ETV. The report indicated that currently 151 people affected by AWD are also identified in 3 locations of Amhara region. Currently in North Gondar, Tselemt area, 90 people infected with AWD have been identified and are being treated. While in Abergele area, 58 people and 4 in Beyeda area are getting treatment after acquiring AWD. Read More: <http://www.promedmail.org/post/6470243>

**HEPATITIS E (CHINA)**, 15 May 2019, Hong Kong has recorded 3 new cases of the rat hepatitis E infection in humans, health authorities have revealed, adding that one of the patients with an unspecified underlying illness had died. The Centre for Health Protection (CHP) said on Tuesday night [14 May 2019] it was investigating 3 separate cases, each involving an elderly man with underlying liver function issue. The men lived in different districts, with one each in Kowloon City, Southern, and Tuen Mun. Read More: <http://www.promedmail.org/post/6470165>

**LEGIONELLOSIS (Belgium)**, 14 May 2019, One person has died from [legionellosis] in Evergem, [a municipality] near Ghent, after health authorities declared an outbreak of the bacteria in the region, which accelerated at the weekend. The patient died in Ghent's University Hospital on [Mon 13 May 2019] evening, The Flanders Agency for Care and Health announced in a statement. Read More: <http://www.promedmail.org/post/6468996>

**HANTAVIRUS (ARGENTINA)**, 14 May 2019, Hantavirus [infections]: 1 dead and 14 confirmed cases confirmed by the provincial Ministry of Health. The only fatal case is from the El Talar locality, [a young man] between 15 and 19 years of age. Of the cases, 2 were registered from rural areas in Palpa. The government confirmed that a young man died of [a] hantavirus [infection]. There are another 14 cases that are progressing well. The general concern is the large number of trash dumps that could lead to new cases. Read More: <http://www.promedmail.org/post/6467725>

**CRIMEAN-CONGO HEMORRHAGIC FEVER (NAMIBIA)**, 14 May 2019, An elderly man is dead and 4 more people have been isolated in different hospitals as a result of an outbreak of Congo fever [Crimean-Congo hemorrhagic fever] in Namibia. The 4 new cases have been admitted to hospitals for treatment and observation purposes in different regions across the country. Read More: <http://www.promedmail.org/post/6466303>

**POLIOMYELITIS (PAKISTAN)**, 14 May 2019, Two new polio cases were reported from Bannu district of Khyber Pakhtunkhwa [KP] on [Sat 11 May 2019], raising the number of polio victims to 15 in the country this year [2019]. Health experts, however, feared the number of polio cases would grow further by the end of 2019, as health and polio workers have been facing multiple problems to eradicate the disease in Pakistan and particularly in KP and erstwhile tribal areas. According to officials, the National Institute of Health (NIH) in Islamabad confirmed the 2 new polio cases. Read More: <http://www.promedmail.org/post/6466727>

**UNIDENTIFIED FEBRILE DISEASE (INDONESIA)**, 13 May 2019, No one really knows what is spreading in the small village of Garonggong in Jeneponto regency, South Sulawesi. However, for the last couple of months, nearly all people living there have been experiencing mysterious symptoms, which started with a fever and pain all over the body, especially in their joints. The unknown disease killed 4 people from a total of 72 people that had experienced similar symptoms. The village administration has declared a health emergency. Several villagers have moved to avoid contagion. Read More: <http://www.promedmail.org/post/6467696>

## **OTHER RESOURCES AND ARTICLES OF INTEREST**

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://preparedness.health.maryland.gov/> or follow us on Facebook at [www.facebook.com/MarylandOPR](http://www.facebook.com/MarylandOPR).

More data and information on influenza can be found on the MDH website:  
<http://phpa.health.maryland.gov/influenza/fluwatch/Pages/Home.aspx>

Please participate in the Maryland Resident Influenza Tracking System (MRITS):  
<http://flusurvey.health.maryland.gov>

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**NOTE:** This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail us. If you have information that is pertinent to this notification process, please send it to us to be included in the routine report.

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## Appendix 1: ESSENCE Syndrome Definitions and Associated Category A Conditions

Syndrome	ESSENCE Definition	Category A Conditions
Botulism-like	(Botulism or (DifficultyFocusing and DifficultySpeaking) or (DifficultySpeaking and DifficultySwallowing) or (DifficultySwallowing and DifficultyFocusing) or DoubleVision or FacialParalysis or GuillainBarre or Ptosis) and not GeneralExclusions	Botulism
Fever	(Chills or (FeverPlus and (Drowsiness or Seizure)) or FeverOnly or SepsisGroup or ViralSyndrome) and not GeneralExclusions	N/A
Gastrointestinal	(AbdominalCramps or AbdominalPainGroup or Diarrhea or FoodPoisoning or Gastroenteritis or GIBleeding or Peritonitis or Vomiting) and not (GeneralExclusions or Gynecological or Obstetric or Reproductive or UrinaryTract)	Anthrax (gastrointestinal)
Hemorrhagic Illness	(FeverOrChills and (AcuteBloodAbnormalitiesGroup or BleedingFromMouth or BleedingGums or GIBleeding or Hematemesis or Hemoptysis or Nosebleed or Petechiae or Purpura)) and not GeneralExclusions	Viral Hemorrhagic Fever
Localized Lesion	(Boils or Bump or Carbuncle or DepressedUlcer or Eschar or Furuncle or InsectBite or SkinAbscess or (SkinSores and not AllOverBody) or SkinUlcer or SpiderBite) and not (GeneralExclusions or Decubitus or Diabetes or StasisUlcer)	Anthrax (cutaneous) Tularemia
Lymphadenitis	(BloodPoisoning or Bubo or CatScratchDisease or SwollenGlands) and not GeneralExclusions	Plague (bubonic)
Neurological	((([Age<75] and AlteredMentalStatus) or (FeverPlus and (Confusion or Drowsiness or Petechiae or StiffNeck)) or Delirium or Encephalitis or Meningitis or UnconsciousGroup) and not GeneralExclusions	N/A
Rash	(ChickenPox or Measles or RashGeneral or Roseola or (Rubella and not Pregnancy) or Shingles or (SkinSores and AllOverBody) or Smallpox) and not GeneralExclusions	Smallpox
Respiratory	(Anthrax or Bronchitis or (ChestPain and [Age<50]) or Cough or Croup or DifficultyBreathing or Hemothorax or Hypoxia or Influenza or Legionnaires or LowerRespiratoryInfection or Pleurisy or Pneumonia or RespiratoryDistress or RespiratoryFailure or RespiratorySyncytialVirus or RibPain or ShortnessOfBreath or Wheezing) and not (GeneralExclusions or Cardiac or (ChestPain and Musculoskeletal) or Hyperventilation or Pneumothorax)	Anthrax (inhalational) Tularemia Plague (pneumonic)
Severe Illness or Death	CardiacArrest or CodeGroup or DeathGroup or (Hypotension and FeverPlus) or RespiratoryArrest or SepsisGroup or Shock	N/A

## Appendix 2: Maryland Health and Medical Region Definitions

Health and Medical Region	Counties Reporting to ESSENCE
Regions 1 & 2	Allegany County Frederick County Garrett County Washington County
Region 3	Anne Arundel County Baltimore City Baltimore County Carroll County Harford County Howard County
Region 4	Caroline County Cecil County Dorchester County Kent County Queen Anne's County Somerset County Talbot County Wicomico County Worcester County
Region 5	Calvert County Charles County Montgomery County Prince George's County St. Mary's County

